

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>DM</i>	<i>52</i>	<i>12/28</i>
FORMALITY REVIEW	<i>H.T</i>	<i>913</i>	<i>03/27/01</i>
RESPONSE FORMALITY REVIEW	<i>mpa</i>	<i>657</i>	<i>6/13/01</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
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37	✓
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39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	✓
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
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Claim	Date
Final Original	
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111	✓
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If more than 150 claims or 10 actions  
 staple additional sheet here

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BEST AVAILABLE COPY

*ll*  
*3/28*